

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/763199	FILING DATE		
						CLAIMS			
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
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TOTAL IND.			↓			↓			↓
TOTAL DEP.		↔		↔		↔		↔	
TOTAL CLAIMS	100								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS